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**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Application Number 10/767837

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First Named Inventor Fritz Kirchhofer

Art Unit 3761

Examiner Name Unknown

Sheet 1 of

Attorney Docket Number 33875/US

**U.S. PATENT DOCUMENTS**

*Examiner Initials	Cite No.	DOCUMENT NUMBER Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
gsm		US- 5,026,343	06-25-1991	Holzer, Walter	
		US- 5,226,895	07-13-1993	Harris, Dale C.	
		US- 5,545,147	08-13-1996	Harris, Dale C.	
		US- 5,630,796	5-20-1997	Bellhouse et al.	
		US- 6,200,296	3-13-2001	Dibiassi et al.	
		US- 6,623,446	9-23-2003	Navelier et al.	
		US- 2004/0186441 A1	9-23-2004	Graf, Roney	
		US- 2004/0186442 A1	9-23-2004	Graf, Roney	
		US- 2004/0186431 A1	9-23-2004	Graf, Roney	
		US- 2004/0215153 A1	10-28-2004	Graf, Roney	

**FOREIGN PATENT DOCUMENTS**

*Examiner Initial	Cite No.	FOREIGN PATENT DOCUMENT		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	TRANSLATION	
		Country Code:	Number - Kind Code (if known)				YES	NO
gsm		DE	4425763 A1	1-25-1996	B. Braun Medical AG		<input type="checkbox"/>	<input checked="" type="checkbox"/>
		EP	0498737 A1	8-12-1992	Terumo Kabushiki Kaisha		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		EP	0295075 A1	12-14-1988	Hypoguard UK		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		WO	00/02606	1-20-2000	Novo Nordisk A/S		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		WO	97/17095	05-15-1997	Disetronic Medical Systems AG		<input type="checkbox"/>	<input checked="" type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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